

<i>SERFF Tracking Number:</i>	<i>AOIC-125492498</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EUM-AR-99-02/22/2008-26919</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Executive Umbrella</i>		
<i>Project Name/Number:</i>	<i>EUM/26919 EUM</i>		

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Executive Umbrella

SERFF Tr Num: AOIC-125492498

State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and  
Excess

Co Tr Num: EUM-AR-99-  
02/22/2008-26919

State Status: Fees verified and  
received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Authors: Claudia Stewart, Sue  
Thomas

Disposition Date: 02/21/2008

Date Submitted: 02/19/2008

Disposition Status: Approved

Effective Date Requested (New): 03/23/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/23/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: EUM

Status of Filing in Domicile: Not Filed

Project Number: 26919 EUM

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/21/2008

State Status Changed: 02/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 26919 and 26609

Forms Attach To:

Executive Umbrella Coverage Part

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after March 23, 2008. Forms are submitted in final printed copy.

<i>SERFF Tracking Number:</i>	<i>AOIC-125492498</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EUM-AR-99-02/22/2008-26919</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Executive Umbrella</i>		
<i>Project Name/Number:</i>	<i>EUM/26919 EUM</i>		

If you have any questions, please feel free to contact one of the following:

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER  
 HOME OFFICE UMBRELLA UNDERWRITING  
 SILLS.DAN@AOINS.COM (emails without attachments)  
 perslinesund@aoins.net (emails with attachments)  
 517-886-1874 Ext. 1874

Underwriter:

SUE HAYES  
 HAYES.SUSAN@AOINS.COM  
 (517) 886-1913

## Company and Contact

### Filing Contact Information

Dan Sills, Manager	sills.dan@aoins.com
PO Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

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Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

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## Filing Fees

*SERFF Tracking Number:* AOIC-125492498      *State:* Arkansas  
*First Filing Company:* Auto-Owners Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* EUM-AR-99-02/22/2008-26919  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence      *Sub-TOI:* 17.0021 Personal Umbrella and Excess  
*Product Name:* Executive Umbrella  
*Project Name/Number:* EUM/26919 EUM

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	02/19/2008	18044868
Owners Insurance Company	\$0.00	02/19/2008	

SERFF Tracking Number:	AOIC-125492498	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	EUM-AR-99-02/22/2008-26919		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0021 Personal Umbrella and Excess
Product Name:	Executive Umbrella		
Project Name/Number:	EUM/26919 EUM		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/21/2008	02/21/2008

SERFF Tracking Number:	AOIC-125492498	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	EUM-AR-99-02/22/2008-26919		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0021 Personal Umbrella and Excess
Product Name:	Executive Umbrella		
Project Name/Number:	EUM/26919 EUM		

## Disposition

Disposition Date: 02/21/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

*SERFF Tracking Number:*      *AOIC-125492498*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Auto-Owners Insurance Company, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *EUM-AR-99-02/22/2008-26919*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0021 Personal Umbrella and Excess*  
*Product Name:*                      *Executive Umbrella*  
*Project Name/Number:*                      *EUM/26919 EUM*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Owned Automobiles	Approved	Yes
Form	Automobile Liability - Following Form	Approved	Yes

SERFF Tracking Number: AOIC-125492498 State: Arkansas

First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: EUM-AR-99-02/22/2008-26919

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess

Product Name: Executive Umbrella

Project Name/Number: EUM/26919 EUM

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Owned Automobiles	26919	12-07	Endorsement/Amendment/Conditions	New	0.00	26919 (12-07).pdf
Approved	Automobile Liability - Following Form	26609	11-05	Endorsement/Amendment/Conditions	New	0.00	26609 (11-05).pdf

**EXCLUSION - AUTOMOBILES**  
**Executive Umbrella Policy**

It is agreed:

The following exclusion is added to the **EXCLUSIONS** section of the policy:

Personal injury or property damage resulting from the ownership, maintenance, operation, use, loading or unloading of any automobile.

All other policy terms and conditions apply.



**AUTOMOBILE LIABILITY - FOLLOWING FORM**  
**Executive Umbrella Policy and Farm Umbrella Policy**

It is agreed:

Under **EXCLUSIONS**, the following exclusion is added:

Personal injury or property damage arising out of the ownership, maintenance, operation, use, entrustment, loading or unloading of any automobile. Except when otherwise excluded by this policy, we do cover an automobile if:

- (i) it is covered by insurance listed in Schedule A; or
- (ii) you give us notice within 30 days of acquiring it and pay an additional premium.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125492498</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EUM-AR-99-02/22/2008-26919</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Executive Umbrella</i>		
<i>Project Name/Number:</i>	<i>EUM/26919 EUM</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125492498</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EUM-AR-99-02/22/2008-26919</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0021 Personal Umbrella and Excess</i>
<i>Product Name:</i>	<i>Executive Umbrella</i>		
<i>Project Name/Number:</i>	<i>EUM/26919 EUM</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/21/2008
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### Comments:

### Attachments:

naic trans.pdf

26919 exp memo.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/08)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use Only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

<b>5. Company Tracking Number</b> EUMAR20222200826919
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Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Dan Sills, CPCU, ARM, AIS, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-886-1874 800-346-0346 Ext. 1874	517	SILLS.DAN@AOINS.COM

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Dan Sills, CPCU, ARM, AIS

Filing Information (see general instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0021 Umbrella and Excess (Personal)
<b>11. State Specific Product code(s) (if applicable)</b> [See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing Title)	Executive Umbrella
<b>13. Filing Type</b>	FORM
<b>14. Effective Dates(s) Requested</b>	March 23, 2008
<b>15. Reference Filing?</b>	No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization #</b>	
<b>18. Company's Date of Filing</b>	February 22, 2008
<b>19. Status of filing in domicile</b>	Michigan- Exempt

## Property and Casualty Transmittal Document-

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	EUMAR20222200826919
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Executive Umbrella Coverage Part

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after March 23, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

**Manager:**

DAN SILLS, CPCU, ARM, AIS, MANAGER  
HOME OFFICE UMBRELLA UNDERWRITING  
SILLS.DAN@AOINS.COM (emails without attachments)  
perslinesund@aoins.net (emails with attachments)  
517-886-1874                      Ext. 1874

**Underwriter:**

SUE HAYES  
HAYES.SUSAN@AOINS.COM  
(517) 886-1913

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**

**Amount:**

**Calculation:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

**This page applies to the following state(s) Arkansas**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		EUMAR20222200826919		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b>				
<b>3.</b>	<b>Component/Form Name/ Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous State Filing Number, if required by state</b>
<b>1</b>	Exclusion - Owned Automobiles	26919 (12-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	( )	
<b>2</b>	Automobile Liability - Following Form	26609 (11-05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3

**AUTO-OWNERS INSURANCE COMPANY  
FORMS AND ENDORSEMENTS  
STATE OF ARKANSAS**

<b>Form Number</b>	<b>Edition Date</b>	<b>Replaced Form</b>	<b>Replaced Edition Date</b>	<b>Form Name</b>
26919	(12-07)	N/A	( )	Exclusion - Owned Automobiles
USE	Form will roll on Executive Umbrella Policies that do not have an underlying Automobile Liability Carrier Scheduled.			
CHANGE	Initial Filing			
26609	(11-05)	N/A		Automobile Liability - Following Form
USE	Form will be used to make the Automobile Liability on the Umbrella Policy Follow Form the Underlying Automobile Liability Coverage.			
CHANGE	Initial Filing.			